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STATISTICAL BULLETIN
Metropolitan Life Insurance Company

VOL. VI. JANUARY, 1925 No. 1.

NINETEEN TWENTY-FOUR THE BEST HEALTH YEAR.

The health of the people of the United States and Canada was, in all probability, better in 1924 than ever before. This is the first year in which every important cause of death has registered a decrease from the year before.

This is indicated by the year's amazingly low mortality record for approximately sixteen million people—the Industrial policyholders of the Metropolitan Life Insurance Company—who constitute approximately one-seventh of the combined population of the two countries. Their deathrate was 8.5 per 1,000, which was 5.2 per cent. better than the year before. In past years, the mortality experience of this large cross-section has proved the best index of what has occurred in the general population, the mortality statistics for which do not become available until months after the insurance figures are at hand.

There were 130,790 deaths in 1924, which was 7,210 less than would have occurred under the 1923 rate, and 61,958 less than if the 1911 deathrate had prevailed in that year. Comparing this decline with that for the United States Registration Area between 1911 and 1923 (the latest year for which comparable data are available), the rate among the insured fell 28.4 per cent. during the period as compared with a 12.1 per cent. decline in the general population. The more favorable insurance experience resulted in a saving of 29,782 lives in 1923, alone, *over and above* the saving expected by reason of the decline in the general population. The accumulated saving in the twelve year period since 1911 represents a total of 171,341 lives; and if we may hazard a guess as to the added gains from the 1924 record, the figure, to date, will be considerably in excess of 200,000 lives.

No Widespread Epidemics in 1924; Comparatively Little Influenza and Other Communicable Diseases.

The splendid health record of the year is due, above all else, to the absence of epidemic prevalence of any disease. The influenza deathrate, for example, was one of the lowest ever recorded. Deaths from pneumonia were fewer than in any prior year except 1921. The epidemic diseases of childhood—measles, scarlet fever, whooping cough and diphtheria—registered the lowest rates on record. The combined deathrate from these diseases declined 20.5 per cent., as compared with 1923 and each of them recorded a decrease. Diphtheria offered the most striking example of improvement in public health through the advance of scientific medicine. The rate, 12.8 per 100,000, was, far and away, the lowest ever recorded in the history of Metropolitan Industrial policyholders. It represents a drop of 50 per cent. from the rate of ten years ago. This achievement should be credited to the increasing use of the Schick test, to the growing appreciation of the value of toxin-antitoxin as an immunizing agent, and to the increasing realization of the importance of the early administration of antitoxin to children sick with diphtheria. These have all been factors in bringing about this splendid decline in the death toll of the worst scourge of childhood.

Lowest Typhoid Fever Deathrate.

Nineteen twenty-four recorded the lowest typhoid fever mortality in the history of the Company (4.5 per 100,000). This marks a reduction of 13.5 per cent., as compared with 1923, of 38.4 per cent. in five years, and of 72.0 per cent. in ten years. The decline in the typhoid fever deathrate has been continuous since 1911. If the present rate of decline continues, the mortality from this disease will be a negligible item in a few years. While there were several isolated outbreaks during the year in American cities, and notably in New York, it is recognized that the problem of typhoid control in America is now almost entirely one of rural sanitation.

New Minimum Deathrate from Tuberculosis.

Possibly the greatest single public health achievement of 1924 was the further reduction of the deathrate from tuberculosis. It continued to fall sharply from a figure of 110.5 per 100,000 in 1923 to 104.7 in 1924. The decline since 1911 (224.6) was 53.4 per cent. If 1925 witnesses a similar gain, there will be recorded for that year a deathrate of less than 100 per 100,000, an accomplishment which the most

optimistic public health worker would not have ventured to predict for tuberculosis ten years ago. For pulmonary tuberculosis alone, the rate dropped to 93.7 per 100,000, a decline of 6.9 per cent. since 1923. For the first time in public health history, the rate for this form of tuberculosis among wage-earners was under 100 per 100,000! These low figures, it must be remembered, are for working people and their families, living in cities, who uniformly show higher deathrates for these diseases than does the general population.

Influenza and Pneumonia.

The combined deathrate from influenza and pneumonia in 1924 was 21.5 per cent. lower than in 1923. The mortality definitely reported from influenza was less than half that for 1923. The drop in the mortality from pneumonia was due, in large measure, to this decline in influenza. The mild winter of 1924 was another favorable influence. Other factors have also been operative. People are coming to recognize, more and more, that lobar pneumonia is an infectious and preventable disease. Physicians are not allowing other persons to come into close contact with persons suffering from it. The public is being educated to the need of better personal hygiene, which includes cleanliness of the hands; the thorough cleansing of eating utensils in restaurants; the prevention of unguarded coughing, sneezing and expectoration; the ventilation of schools, homes and workplaces; and avoidance, as far as possible, of chilling and exposure.

Cancer Deathrate Lower Than in 1923 or 1922.

There is little comfort to be gained from the very slight decline in the mortality from cancer. Notwithstanding the drop, the deathrate is still identical with that of three years ago, and higher than for any year prior to 1921. In direct contrast to what has been accomplished in the saving of human life in fields like typhoid fever, tuberculosis, maternal diseases, diarrheal complaints and diabetes, the record for cancer shows no real progress. If anything at all has been accomplished, it is limited to keeping the deathrate from rising. That is clearly the case so far as the wage-earning group of the American and Canadian populations is concerned. An intensive study of the subject made by the Metropolitan in 1924 shows that such small increase as has been recorded in the last thirteen or fourteen years applies to the older ages only. Between 35 and 55 years, there has been a slightly declining tendency. Beyond 55, the more advanced the age the greater has been the rate of increase. The gravity of the

cancer problem is concentrated on the higher age groups, not only as to maximum incidence but as to increasing mortality. Nevertheless, more deaths occur in childhood and adolescence than is generally realized. Among Metropolitan Industrial policyholders more than two per cent. of the cancer mortality during a period of twelve years occurred among persons under 25 years of age. At all ages combined, the increase has been greater among males than among females; and in one group, colored females, a slightly declining tendency has been observed.

Another fact of interest which was developed in this study was that if a boy or girl once reaches the age of ten, there is more likelihood of ultimately dying from cancer than from tuberculosis. This has not been generally realized because the crude deathrate from tuberculosis is still, and has always been, much higher than from cancer. Nevertheless, the probabilities are that of 100 boys ten years old, more than eight will eventually die from cancer, whereas less than seven will succumb to tuberculosis. For females, the probability of dying from cancer is even greater, being 87 per cent. in excess of the chance of eventual death from tuberculosis.

Fewer Deaths from Diabetes.

The diabetes deathrate declined to 15.1 per 100,000 from 16.2 in 1923. The 1924 figure is lower than for any year since 1920, but nevertheless higher than for several years of the past ten. The drop in this deathrate is one of the most hopeful items in the statistics of the year, for it shows what can be accomplished through the increasing use of the insulin treatment, in a period when the tendency is all toward increasing diabetes deathrates.

Decline in Deathrate from the Degenerative Diseases.

The principal "degenerative diseases," cerebral hemorrhage, organic heart disease and chronic nephritis, recorded minor declines in 1924. For heart disease, this was the first year showing a drop since 1919. It is entirely possible that the improvement in 1924 is explained by the absence of widespread influenza which hastens the deaths of persons who suffer from these conditions. The rate for chronic nephritis (Bright's disease) is the lowest ever recorded in the history of the Company, while that for cerebral hemorrhage is the minimum with a single exception.

Despite the decline in the mortality from organic heart disease, this condition still stands, as in 1923 and 1922, as the leading cause of

death. In 1921, it shared that position with tuberculosis, and in all prior years it was outranked by the latter. Under present conditions, a child who lives to the age of ten is *three* times as likely to die eventually from heart disease as from tuberculosis. This disparity between the chances of death from the two diseases increases with advancing age.

Another Decline in Diseases Incidental to Maternity.

Deaths from puerperal diseases declined again in 1924, continuing the favorable tendency that has been shown since 1920. The absence of an influenza outbreak in 1924 was, doubtless, an important factor in bringing about this further decrease. The puerperal septicemia figure dropped again in 1924 and was 6.6 per 100,000, which is the lowest ever recorded for women insured in the Industrial Department of the Metropolitan. The declining deathrate from this disease is due, to some extent at least, to more and better nursing before and after confinement and to better delivery service in hospitals and in the home.

Alcoholism Deathrate Declines for the First Time in Years.

Four hundred forty-three deaths were reported from alcoholism in 1924, as compared with 436 for 1923. The deathrate, however, declined from 3.0 per 100,000 to 2.8. In 1922, 293 deaths were recorded with a rate of 2.1; in 1921, 122 deaths with a rate of .9; while in 1920, there were only 77 deaths with a rate of .6.

During 1922, 1923 and 1924, 1,172 deaths were recorded from alcoholism among Industrial policyholders, of which 1,160 occurred in the United States and 12 in Canada.

Deaths from wood alcohol poisoning numbered 18 as compared with 27 in 1923, 36 in 1922, and 71 in 1921.

Eight hundred eighty-nine deaths were charged to cirrhosis of the liver, which is closely associated with alcoholism, as compared with 841 in 1923 and 801 in 1922. The deathrate was 5.8 per 100,000, or the same as in 1923.

Very Slight Decline in Fatal Accidents.

The deathrate from all accidental causes combined was 62.5 per 100,000, as compared with 63.0 in 1923. A slight increase was recorded in the rate for accidental burns and a considerable increase in that for accidental drownings. There were fewer deaths from falls, machinery accidents and railroad accidents.

Automobile Fatalities Again Show an Increase.

Deaths in automobile accidents again increased in 1924, the rate being 16.0, as compared with 15.4 in 1923. Mortality from this cause has more than doubled since 1916, has tripled since 1915, quadrupled since 1913, and increased seven-fold since 1911.

At times during 1924, the outlook appeared more favorable for this class of accidents. There was, in fact, reason to hope that for the first time since the automobile became a means of transportation, the deathrate from its casualties would not increase over the former year. The final figures, however, show a rise of four per cent. in automobile fatalities. The only comfort to be gained is that the rate of increase slackened last year. The rise in 1923 over 1922 amounted to 13 per cent. and the increase in 1922 over 1921, to 12 per cent. Automobile fatalities still stand as the foremost cause of accidental death, causing four times as many deaths as railroad accidents, and more than twice as many as do accidental falls or accidental drownings.

The table on page 7 shows the deathrates for the more important diseases and conditions among policyholders in the Industrial Department of the Metropolitan Life Insurance Company in each year of the period 1914-1924.

Metropolitan Life Insurance Company
Deathrates per 100,000 for Principal Causes. Premium-paying Business in Industrial Department.
1914 to 1924
(Ages One and Over)

Cause of Death	1924	1923	1922	1921	1920	1919	1918	1917	1916	1915	1914
All Causes of Death....	850.2	897.1	882.9	870.6	989.4	1063.0	1559.2	1161.1	1168.1	1130.9	1152.8
Typhoid fever.....	4.5	5.2	5.7	6.7	6.7	7.3	11.5	12.1	13.0	12.9	16.1
Communicable diseases of childhood.....	26.3	33.1	29.8	37.9	43.1	31.5	41.6	46.8	40.8	36.4	48.2
Measles.....	5.7	8.4	4.3	3.2	8.5	3.5	8.6	11.1	9.9	5.7	6.9
Scarlet fever.....	4.3	4.4	4.9	7.0	6.0	3.9	3.6	6.0	4.1	4.6	9.8
Whooping cough.....	3.5	4.8	2.6	3.9	6.6	3.2	10.1	5.1	5.8	4.7	5.8
Diphtheria.....	12.8	15.5	18.0	23.8	22.1	20.9	19.3	24.6	21.0	21.4	25.7
Influenza and pneumonia..	84.5	107.7	95.3	76.5	159.5	214.1	542.2	135.4	138.1	119.5	111.6
Influenza.....	14.2	30.1	21.7	8.7	53.5	96.9	272.4	14.4	23.8	13.0	11.3
Pneumonia.....	70.3	77.6	73.7	67.8	106.1	117.2	269.8	121.0	114.3	106.5	100.3
Meningococcus meningitis.	.6	.7	.7	.9	1.0	1.3	2.8	3.5	1.5	1.3	1.5
Tuberculosis—all forms...	104.7	110.5	114.2	117.4	137.9	156.5	189.0	188.9	190.2	197.8	204.5
Tuberculosis of respiratory system.....	93.7	100.6	103.6	105.6	124.0	141.6	171.2	172.3	172.8	180.0	185.2
Cancer—all forms.....	71.7	72.7	72.0	71.7	69.8	67.0	67.2	70.9	70.3	70.9	69.8
Diabetes mellitus.....	15.1	16.2	17.2	15.5	14.1	13.4	14.0	15.3	15.9	15.1	14.2
Cerebral hemorrhage, apoplexy.....	61.2	61.9	62.9	62.1	61.3	59.8	64.0	66.8	68.7	68.5	69.2
Diseases of heart.....	125.5	128.7	126.7	117.4	117.0	113.9	141.7	142.0	140.2	136.7	138.1
Diarrhea and enteritis.....	11.4	11.1	10.8	14.2	15.8	16.9	23.4	25.5	26.2	24.4	24.7
1 to 2 years.....	6.0	5.5	4.9	6.0	7.0	7.5	11.6	11.9	12.5	11.3	11.9
2 years and over.....	5.3	5.7	5.9	8.1	8.8	9.5	11.8	13.6	13.7	13.1	12.8
Chronic nephritis (Bright's Disease).....	66.7	69.6	70.3	68.0	70.8	73.5	86.8	95.7	99.0	95.7	95.4
Puerperal state—total.....	17.1	17.9	19.0	19.8	23.0	20.0	27.4	18.2	17.6	18.0	19.8
Puerperal septicemia....	6.6	6.9	7.4	8.5	8.6	6.7	7.3	7.5	7.2	7.2	8.4
Puerperal albumn. and convulsions.....	4.4	4.2	4.7	4.9	5.0	4.8	4.9	5.1	5.0	4.8	5.1
Accidents of pregnancy..	1.6	1.8	1.7	1.6	3.1	3.0	6.9	1.6	1.4	1.8	1.7
Total external causes.....	77.1	77.8	71.8	72.0	72.0	94.2	128.9	106.7	99.5	88.2	89.2
Suicides.....	7.3	7.4	7.5	7.6	6.1	6.8	7.6	9.3	9.8	12.2	12.3
Homicides.....	7.2	7.3	6.3	6.7	5.8	6.9	6.2	7.4	6.9	6.9	7.0
Accidents—total.....	62.5	63.0	58.0	57.5	59.6	63.8	75.5	76.5	73.2	67.3	69.9
Accidental burns.....	6.4	6.3	6.1	6.6	8.1	8.1	9.0	8.9	8.8	8.6	8.4
Accidental drowning..	7.3	6.7	7.3	8.2	6.7	8.6	9.4	8.7	9.7	11.9	10.0
Accid'l traum. by fall.	7.8	8.4	7.3	7.1	7.3	8.0	10.4	11.9	13.1	11.9	12.6
Accidental traum. by machines.....	1.3	1.7	1.6	1.0	1.7	1.6	2.4	2.0	1.7	1.4	1.5
Railroad accidents....	4.0	4.9	4.1	3.9	5.2	5.7	7.8	8.5	7.9	7.4	7.5
Automobile accidents.	16.0	15.4	13.6	12.2	11.1	10.7	10.3	9.7	7.4	5.4	4.8
All other accidents...	19.8	19.5	18.0	18.5	19.5	21.2	26.1	26.8	24.6	20.7	25.1
War deaths.....	.....	.....	.1	.1	.5	16.6	39.7	13.5	9.6	1.8	.....
Other diseases and conditions.....	183.8	184.0	186.5	190.5	197.4	193.5	218.7	233.2	247.1	245.5	250.5

MORTALITY DECLINE AMONG WAGE-EARNERS GREATER THAN IN GENERAL POPULATION.

The following table shows that, with a single exception, puerperal septicemia, the per cent. decline in the mortality among Industrial policyholders has been considerably greater for every important cause of death than among the general population, in the 13-year period between 1911 and 1923. The comparison can be extended only to 1923, because general population figures for 1924 are not yet available.

Percentage Decline in Deathrates between 1911 and 1923, Metropolitan Life Insurance Company (ages one and over) and U. S. Registration Area§ (ages one to 74).

CAUSE OF DEATH	PER CENT. DECLINE 1923-1911		PER CENT. DECLINE, AVERAGE PER YEAR, 1923-1911‡	
	M. L. I. Co.	U. S. Reg. Area	M. L. I. Co.	U. S. Reg. Area
ALL CAUSES OF DEATH	28.4	12.1	— 2.6	— 1.1
Typhoid fever	77.2	69.2	—11.8	— 8.9
Diseases of children	43.8	29.0	— 4.4	— 3.0
Measles	26.3	*6.3**	— 5.1	— 2.7
Scarlet fever	66.4	59.1	— 8.7	— 7.5
Whooping cough	32.4	13.5	— 3.1	— 1.2
Diphtheria	43.2	33.9	— 3.2	— 2.3
Influenza—pneumonia	17.9	*4.7**	+ *1.1**	+ *2.6**
Influenza	*89.3**	*234.0**	+ *8.1**	+*10.4**
Pneumonia	32.7	19.1	— 1.6	— .8
Tuberculosis—All forms	50.8	40.2	— 5.8	— 4.1
Tuberculosis of respiratory system	50.4	40.1	— 5.7	— 4.0
Cancer—All forms	*6.9**	*19.6**	+ *.2**	+ *1.1**
Diseases of heart	9.2	*7.4**	— 1.5	— .1
Chronic nephritis	26.7	12.8	— 3.5	— 2.2
Diseases related to childbearing	9.6	4.2	+ *.4**†	+ *.6**
Puerperal septicemia	21.6	22.1	— 1.2	— 1.5
Puerperal albuminuria and convulsions	10.6	*10.8**	— .6	+ *1.5**
Accidents—All forms	18.6	9.6	— 2.3	— 1.6
Automobile accidents	*569.6**	*581.8**	+*12.8**	+*12.6**

*Per cent. increase

†Affected by heavy mortality from abortions and miscarriages and from accidents of labor during influenza epidemics, 1918 to 1920.

‡Per cent uniform annual decrement of mean rate for period 1911 to 1923.

§Registration States for 1920 to 1923 inclusive.

HEALTH RECORD FOR DECEMBER, 1924.

The December health record was not as favorable as those for the other months of 1924. In fact, the deathrate of 9.3 per 1,000 was the highest December figure recorded since 1920. The mortality rose sharply from the November record of 7.8 per 1,000.

Analysis of the table on page 11 shows that the relatively high mortality in December was due, almost entirely, to more or less sharp rises in the deathrates for almost all of the more important causes of death. An outstanding example is organic heart disease with a rate of 139.5 per 100,000, as compared with 106.7 in November and 125.1 in December of 1923. In only one month of 1924 was the December deathrate for heart disease exceeded. Pneumonia mortality increased 49 per cent. as compared with November, which is rather more than the seasonal rise which we expect for that disease at this time of the year; and its deathrate of 103 per 100,000 shows an increase of 14 per cent. over the figure for December, 1923. Tuberculosis, cerebral hemorrhage and Bright's disease also recorded increases over the November figures, but for two of these three diseases the comparison with the record for the same month of last year is not unfavorable.

Deaths from influenza in December were double those of November and the deathrate for this disease (19.1 per 100,000) was considerably in excess of that for December, 1923 (15.6). The mortality from influenza was the highest since April.

Low deathrates were recorded in December for all of the principal epidemic diseases of childhood, and from typhoid fever. The suicide and homicide figures were substantially the same as for the preceding month, but were higher than for December of 1923. Fatal accidents were recorded more frequently than in November, but the record shows improvement as compared with December of the preceding year; the same is true of automobile accidents.

The general deathrate for the large cities of the United States during December, 1924, was 13.2 per 1,000, which marks an increase both over November and over December, 1923. There was increased sickness, as compared with November, from influenza, measles, scarlet fever, smallpox and whooping cough. Fewer cases of diphtheria, malaria, poliomyelitis and typhoid fever were reported. Comparison with December, 1923, discloses greater prevalence of influenza, smallpox and whooping cough, with fewer cases of diphtheria, malaria, measles, poliomyelitis, scarlet fever and typhoid fever.

Influenza seems to be increasing quite generally. Outstanding examples are Texas, where the number of cases rose from 527 in the first three weeks of November to 837 for the same weeks of December; New York, where they increased from 43 to 157, and Alabama, from 220 to 371.

Measles cases were much more prevalent in December in Michigan, Illinois, Massachusetts and Maryland. Scarlet fever case reports increased sharply in December in Massachusetts, Connecticut and California.

Reports of smallpox cases in Minnesota rose from 305 for the first three weeks of November to 420 for the corresponding weeks of December. This was due, for the most part, to the situation in St. Paul and Minneapolis. The outbreaks in these two cities, however, appear now to be under control. Smallpox in a mild form was prevalent in Indiana and cases were reported from several Ohio counties. There were a few cases in Owenton, Ky.

Reports of typhoid, by and large, were less numerous in December. New York City, however, witnessed an outbreak which may have been caused by shellfish from polluted waters. Case reports increased from 32 for the week ended November 22d to 168 for that ended December 20th. There was increased prevalence of the disease in nearby New Jersey and Long Island towns.

Among the more prominent public health activities of the month were the following: Partial quarantine of pneumonia patients was to be recommended to the Commissioners of the District of Columbia by the District Health Officer. The Health Department of Atlantic City plans to begin the systematic immunization of about 10,000 school children against diphtheria. A committee composed of representatives of the Illinois State Medical Society and the Board of Public Health Advisors of the State Department of Health has been appointed to work out a practical plan for conducting a goitre survey in Illinois. The experiment of placing iodine in the city water supply of Rochester, N. Y., has now been going on for two years, and the Health Department will soon have figures to show what has happened both in the prevention of the disease and the reduction of existing goitre. The United States Public Health Service invoked a rigid health inspection program applicable to ships reaching any American port from New Orleans, San Pedro, or Oakland, as a precaution against the spread of bubonic infection.

The following table shows the mortality among Industrial policyholders for December, 1924; November, 1924; December, 1923, and for the year 1923.

METROPOLITAN LIFE INSURANCE COMPANY.

Deathrates† per 100,000 for Principal Causes, Premium-paying Business in Industrial Department. (Annual Basis.)

MONTHS OF NOVEMBER AND DECEMBER, 1924, AND OF DECEMBER, 1923.

CAUSES OF DEATH	RATE PER 100,000 LIVES EXPOSED†			
	Dec., 1924	Nov., 1924	Dec., 1923	Year 1923
TOTAL—ALL CAUSES	931.4	776.5	904.1	928.2
Typhoid fever	4.1	5.2	4.5	5.1
Measles	1.5	1.1	5.1	9.5
Scarlet fever	3.7	3.6	5.4	4.4
Whooping cough	5.2	4.7	5.6	7.4
Diphtheria	14.0	13.5	19.6	15.5
Influenza	19.1	9.6	15.6	30.3
Tuberculosis (all forms)	95.2	81.2	90.4	110.1
Tuberculosis of resp'y system	84.2	71.7	82.3	99.7
Cancer	69.5	66.4	72.6	71.8
Diabetes mellitus	16.1	12.6	14.1	16.0
Cerebral hemorrhage	62.9	54.4	66.0	61.2
Organic diseases of heart	139.5	106.7	125.1	127.3
Pneumonia (all forms)	103.0	69.1	90.6	83.9
Other respiratory diseases	18.0	11.9	15.1	13.9
Diarrhea and enteritis	20.6	26.7	20.8	28.2
Bright's disease (chronic nephritis)	69.4	58.2	69.4	68.8
Puerperal state	15.2	12.1	16.0	17.7
Suicides	7.4	7.5	6.7	7.3
Homicides	7.7	7.7	6.9	7.3
Other external causes (excluding suicides and homicides)	62.8	58.1	64.3	62.9
Traumatism by automobile	17.1	17.0	17.4	15.3
All other causes	196.5	166.2	190.3	179.4

†All figures include infants insured under one year of age.

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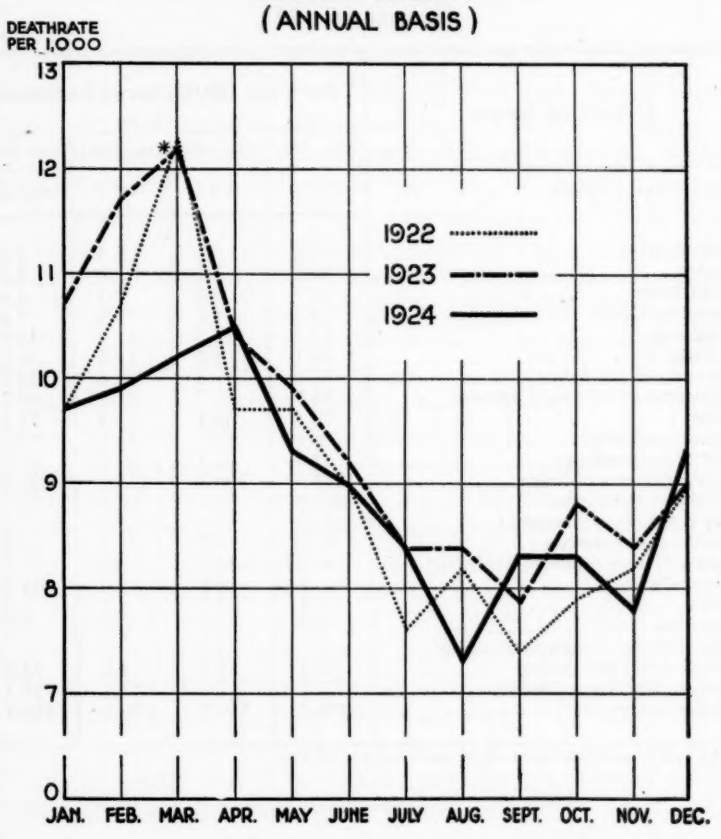
DEATHRATE PER 1,000 *in* SPECIFIED MONTHS *of* 1922, 1923, 1924

METROPOLITAN LIFE INSURANCE COMPANY
INDUSTRIAL DEPARTMENT
(ANNUAL BASIS)



	1922	1923	1924		1922	1923	1924
JAN.	9.7	10.7	9.7	JULY	7.6	8.4	8.4
FEB.	10.7	11.7	9.9	AUG.	8.2	8.4	7.3
MAR.	12.3	12.2	10.2	SEPT.	7.4	7.9	8.3
APR.	9.7	10.4	10.5	OCT.	7.9	8.8	8.3
MAY	9.7	9.9	9.3	NOV.	8.2	8.4	7.8
JUNE	9.0	9.2	9.0	DEC.	9.0	9.0	9.3

* *Beginning with March, 1923, figures include mortality of infants under one year of age.*

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